ACL RECONSTRUCTION USING THE QUADRICEPS TENDON WITH AND WITHOUT PATELLAR BONE PLUG: COMPARISON OF THE RESULTS

E. ANTONOGIANNAKIS,C.K.YIANNAKOPOULOS,
K. KARLIAFTIS, G. BABALIS,C. KARAMBALIS,
A. ILIADIS,G. GIALAS,P. EFSTATHIOU

2nd Orthopaedic Department
401 General Army Hospital
Athens, Greece

INTRODUCTION

The middle third of quadriceps tendon is an autograft of sufficient size and strength

stronger than PT of same dimensions

It can be fixed to the femur and the tibia using multiple techniques.

We are presenting the results of arthroscopic ACL reconstruction using Quadriceps tendon autograft with and without patellar bone plug.

PATIENTS - METHODS

Time period: *March 1999- December 2000*

Patients: 27 (Groups A & B)

Reason for reconstruction: *chronic ACL deficiency*

Procedure: *Arthroscopic ACL reconstruction*

Gender: *male*

Age: *19-34 years*

PATIENTS - METHODS

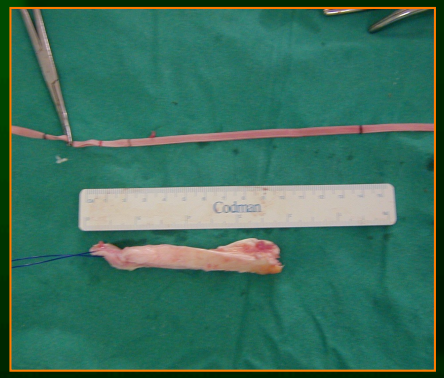
Group A

Patients: *13*

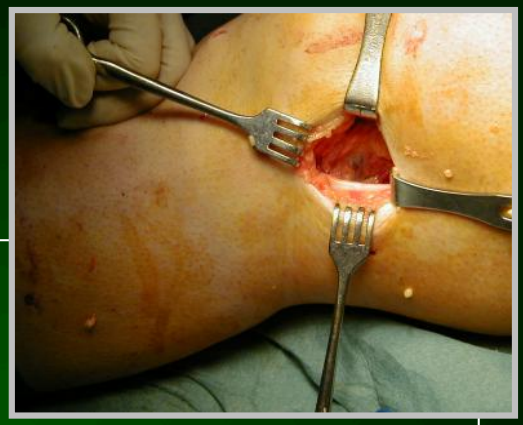
Type of graft: *middle third of Q-tendon*
without patellar bone plug

Type of fixation: *special soft tissue fixation device*
(Mark II, Surgicraft,UK)

Femur *: over-the-top & bollard cortical fixation*
Tibia *: tunnel & bollard cortical fixation*



PATIENTS - METHODS



Group B

Patients: *14*

Type of graft: *middle third of Q tendon with patellar bone* plug

Type of fixation: *special soft tissue fixation device (Patella Soffix, Surgicraft,UK)*

Femur *: over-the-top & bollard cortical fixation*

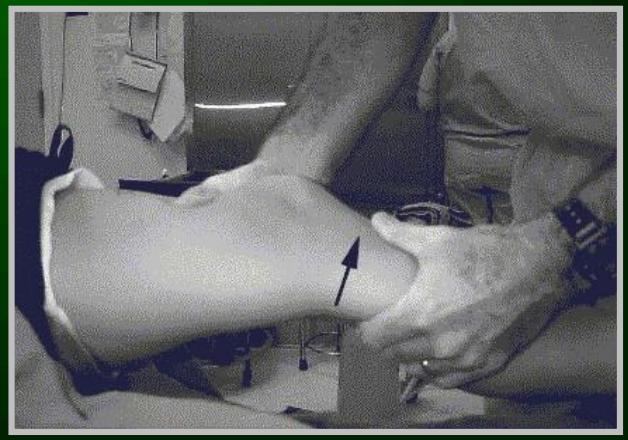
Tibia *: tunnel & bollard cortical fixation*

EVALUATION

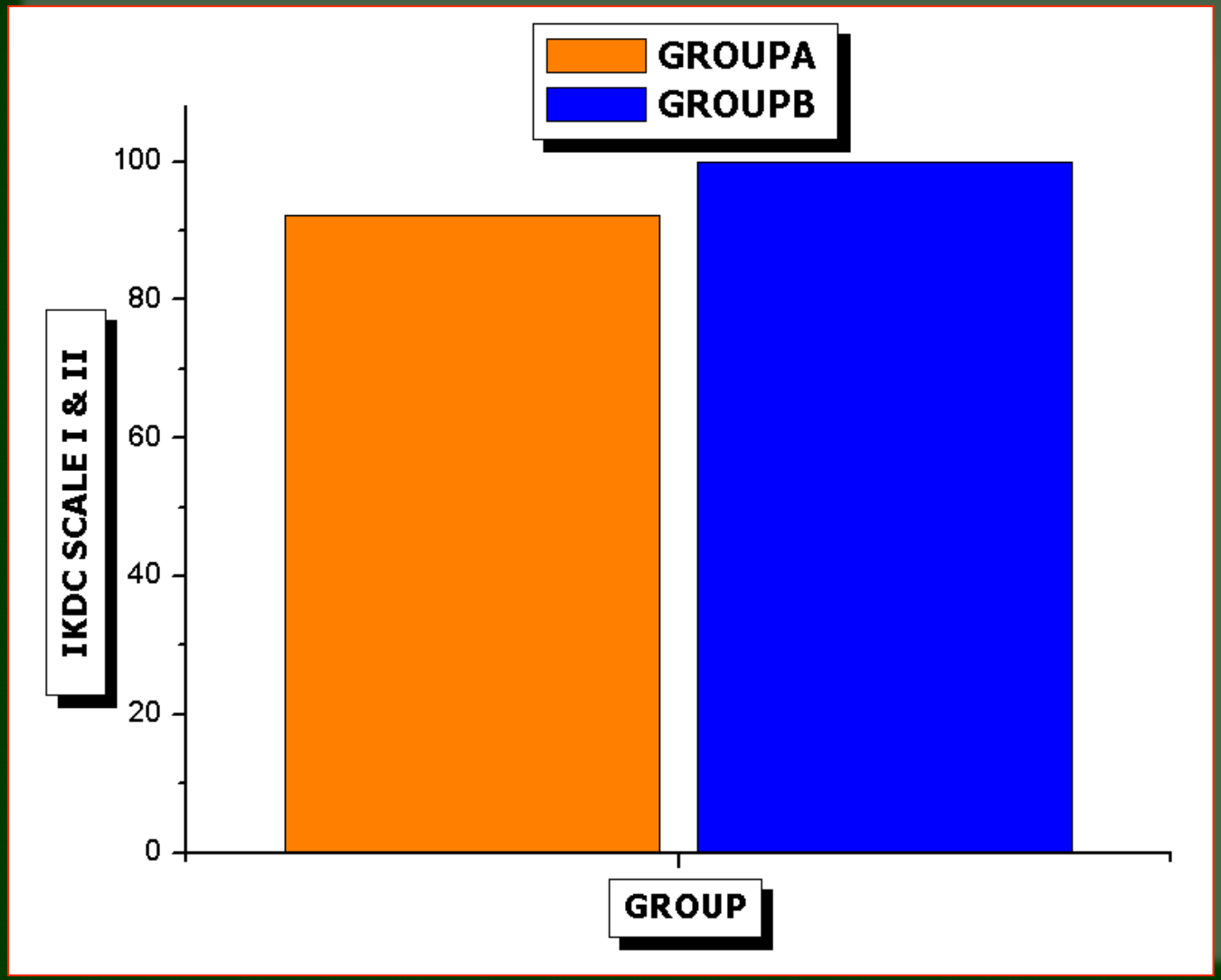
Mean follow-up: *25 months*

Rating scales: *IKDC*
Lysholm-Tegner

Knee laxity evaluation: *Rolimeter*



RESULTS



There was no significant difference between the two fixation methods

RESULTS

MRI evaluation and second look arthroscopies in 7 patients revealed graft survival

CONCLUSION

Usage of the middle third of Q tendon
with or without patellar bone plug
in ACL reconstruction yields similar results
regarding stability and function
combining low rate of complications
and minimal donor site morbidity

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